

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



**INSTRUCTIONS FOR FILING APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL (ABC)
MANAGER'S LICENSE APPLICATION**

Please read all questions carefully. Each question must be answered.
If a question or one portion of the question does not apply, fill in the word "NONE".

FEE: The application must be accompanied by the proper license fee. The Manager's License fee is \$260, and is valid for a two year period from your issuance date. **All payments can be made in the form of a cashier's check, certified check, business check, attorney's check, personal check, or money order, payable to the D.C. Treasurer or by credit card (Visa or MasterCard only).**

1. All persons applying for the Manager's License must be 21 years of age.
2. Applications must be submitted in person, Monday through Friday, between the hours of 8:30 a.m. to 3:30 p.m. Please bring valid government issued identification with you.
3. Please note the term "APPLICANT" as used in this application designates the person in whose name the license will be issued if the application is approved.
4. Your license may be issued the same day or it may be forwarded to the ABC Board for review.
5. Application forms must be notarized where applicable.
6. Attach extra sheets if necessary. Write, "see attachment" in any space, and print your name on the top of each sheet.

Instructions for the Manager's Application:

1. Print applicant's name (Last Name, First Name, Middle Initial);
2. Print applicant's date of birth;
3. Print applicant's place of birth;
4. Print applicant's home telephone number;
5. Print applicant's residential address (street address, city, state and zip code)
6. Check appropriate box, Yes or No, if you are eligible to work in the U.S. If yes, please bring in qualifying documents and provide the information requested in number 7;
7. Check the appropriate box, U.S. passport, naturalization papers, green card, visa, or work permit, and list the certificate number under 7f. and expiration date under 7g.;
 - a. U.S. passport
 - b. naturalization papers
 - c. green card
 - d. visa
 - e. work permit
8. Check appropriate box for the following questions, "Have you ever":
 - a. Received or applied for any alcoholic beverage license in DC or any state;
 - b. Had any alcoholic beverage license suspended or revoked;
 - c. Been convicted of a misdemeanor during the last five (5) years or a felony during the last ten (10) years. If yes, attach copy of the court disposition; **Application must be approved by ABC Board.**
9. Check appropriate box, Yes or No, for the following questions:
 - a. If you have operational control over an ABC establishment;
 - b. If you serve in a managerial capacity for an ABC establishment;
 - c. Is an ABC establishment owned by you or an immediate family member;
10. If you answered "Yes", to question 8 or 9, please submit detailed explanation.
11. Certification: You must sign the certification, which states, "I hereby certify that, I have obtained and read Title 25 of the D.C. Official Code and Title 23 of the District of Columbia Municipal Regulations. I understand that I will be held responsible for complying with the laws and regulations contained therein. I, certify under penalty of perjury, that the statements in the foregoing are true and correct."
12. Indicate a specific language for translation, if applicable. If no translation is needed, indicate English.

Other forms required:

- **Personal Information Release Authorization:** Please sign and have your signature notarized.
- **Clean Hands Certification:**

Complete the Clean Hands Certification; ABRA staff will verify the status.

- **Police Clearance:**

All applicants must obtain a police clearance from the District of Columbia's Metropolitan Police Department, located at 300 Indiana Avenue, N.W., Washington, D.C. 20001. In addition, you must submit a police clearance for the jurisdiction in which you currently reside. Please be advised that you may apply for a temporary license without the police clearance but the temporary license will only be good for 90 days from the date of issuance. **If you do not submit the completed police clearance within 90 days all monies will be forfeited.**

- **Court Disposition:** All persons with a misdemeanor conviction during the last five (5) years or a felony conviction during the last ten (10) years must submit a copy of the court disposition.

- **Alcohol Awareness Certificate:**

Please submit your alcohol awareness certificate from an ABC Board approved provider. Please be advised that you may apply for a temporary license without the alcohol awareness certificate but the temporary license will only be good for 30 days from the date of issuance. **If you do not submit the completed alcohol awareness certificate within 30 days all monies will be forfeited.**

SPECIAL NOTICE

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.

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MANAGER'S APPLICATION

OFFICIAL USE ONLY												
License Number:			Date Accepted:				Accepted by:					
Fees Paid: \$		From		To		Issue Date:		From		To		
Date Approved by Board / /		Initial: →										
Date Denied by Board / /		Initial: →										
TO BE COMPLETED BY APPLICANT												
1. Applicant's Name (Last, First, Middle Initial):												
2. Date of Birth:				3. Place of Birth:				4. Home Telephone Number:				
5. Residential Address						City			State		Zip Code	
6. Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please <u>bring</u> in qualifying documents and provide the information below:												
7. a. <input type="checkbox"/> US Passport				d. <input type="checkbox"/> Green card		f. Certificate number:			g. Expiration date:			
b. <input type="checkbox"/> Naturalization papers				e. <input type="checkbox"/> Visa								
c. <input type="checkbox"/> Work permit												
8. Have you ever:												
a. Received or applied for any alcoholic beverage license in D.C. or any state or territory <input type="checkbox"/> Yes <input type="checkbox"/> No												
b. Had any alcoholic beverage license suspended or revoked <input type="checkbox"/> Yes <input type="checkbox"/> No												
c. Been convicted of a misdemeanor during the last five (5) years or a felony during the last ten (10) years (If yes, attach a copy of the court dispositor(s).) <input type="checkbox"/> Yes <input type="checkbox"/> No												
9. Check appropriate box if either of the following applies:												
a. You have operational control over an ABC establishment <input type="checkbox"/> Yes <input type="checkbox"/> No												
b. Serve in a managerial capacity for an ABC establishment <input type="checkbox"/> Yes <input type="checkbox"/> No												
c. The establishment is owned by you or an immediate family member. <input type="checkbox"/> Yes <input type="checkbox"/> No												
10. If you have answered yes to question 8 or 9 please submit detailed explanation.												
11. Certification												
I _____, hereby certify that, I have obtained and read Title 25 of the D.C. Official Code and Title 23 of the District of Columbia Municipal Regulations. I understand that I will be held responsible for complying with the laws and regulations contained therein. I, certify under penalty of perjury, that the statements in the foregoing are true and correct.												
Signature _____				Subscribed and sworn to before me on this ____ day of ____, 20__.				Notary Public _____		My commission expires on ____ ____		
12. In what language do you need vital documents translated?												

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PERSONAL INFORMATION RELEASE AUTHORIZATION

*NOTE: An Information Release Authorization must be completed if you are one of the following: Sole Proprietor, Partner(s), Corporate Officers, Directors of Corporation, Managing Member(s), General Partner(s).

CAREFULLY READ THIS AUTHORIZATION TO RELEASE INFORMATION ABOUT YOU, THEN SIGN AND DATE IN INK.

I authorize any agent from the Alcoholic Beverage Regulation Administration, to obtain any information, relating to my activities, from employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies and retail business establishments, or individuals. This information may include, but is not limited to, my residential, personal, or criminal history record and financial and credit information.

I further authorize release of my criminal history from criminal justice agencies for the purposes of determining my eligibility for a liquor license as either a licensee and/or investor. I understand that the information released is for official use by the Alcoholic Beverage Regulation Administration, and that these users may re-disclose this information as authorized by law.

I release any individual, including records custodians, from all liability for damages that may result to me because of compliance, or any attempts to comply, with this authorization. This release is binding, now and in the future, on my heirs, assignees, associates and personal representative(s) of any nature. Copies of the authorization that show my signature are as valid as the original release signed by me.

Failure to complete this form may result in delays of obtaining your license and may result in the license being denied if this information cannot otherwise be obtained.

Full Name (Print or type)

Signature

Other Names Used (Print or type)

Social Security Number

Current Address

Home Telephone Number

Date

I hereby certify under penalty of perjury that the foregoing information is true and correct. I further, hereby, authorize the Alcoholic Beverage Control Board or its employees to investigate any and all of the information provided by me in this application for an ABC License.

_____ Signature	Subscribed and sworn to before me on this ____ day of ___, 20__.	_____ Notary Public	My commission expires on _____.
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FOR OFFICIAL USE
ONLY

OFFICE OF TAX &
REVENUE (OTR)

SIGNATURE

DATE

CLEAN HANDS CERTIFICATION

ALL INDIVIDUALS THAT HAVE AN OWNERSHIP INTEREST MUST COMPLETE THIS
FORM.

PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE ADMINISTRATION PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING, AND FINE YOU \$1,000.00. THIS CERTIFICATION IS REQUIRED BY THE CLEAN HANDS ACT OF 1996; EFFECTIVE MAY 11, 1996, (D.C. LAW 11-118, D.C. OFFICIAL CODE SEC. 47-2861 *et seq.*) BEFORE YOU ARE ELIGIBLE TO RECEIVE A LICENSE OR PERMIT.

I, _____, as _____,
(Name – Print or Type) (Applicant's Title)

certify that _____, social security number _____
(Home Address)

as of this date _____, does not owe more than \$100.00 to the District of Columbia Government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administrative Act of 1985, effective March 25, 1986 (D.C. Law 6-100; D.C. Official Code Sec. 8-801 *et seq.*);
2. Fines, penalties or interest assessed pursuant to the illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Official Code Sec. 8-901 *et seq.*);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer & Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1985 (D.C. Law 6-42; D.C. Official Code Sec. 2-1801.01 *et seq.*); or
4. Past due taxes;
5. Past due District of Columbia Water and Sewer Authority Service Fees;
6. Traffic adjudication fines or penalties;
7. Parking fines or penalties assessed by other jurisdictions, provided, that a reciprocity agreement is in effect between the jurisdiction and the District;
8. Fines assessed to car dealers; and
9. Fines assessed pursuant to the Taxicab and Limousine Commission Establishment Amendment Act of 2004.

I understand that if I knowingly falsify this Certification, the Administration will move to revoke the license or permit for which I am applying, and fine me \$1,000.00 (one thousand dollars). I further understand that the Administration may conduct an investigation to ascertain the veracity of this certification.

I understand that this Certification is required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

Signature

Print Name/Title

ABC Application Number

ABC License Number

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